

SCRUTINY FORM

FORM TO BE FILLED BY THE CANDIDATE FOR NOMINATION IN DIPLOMA COURSE AGAINST THE SEAT ALLOTTED BY THE GOVERNMENT OF ARUNACHAL PRADESH.

*Paste your
Recent Passport
size Photo here*

I. Candidate details (To be filled in Block letters):

Name of the Candidates	
Fathers Name	
Mothers name	
Date of Birth (MM-DD-YYYY)	D D M M Y Y Y Y
Roll Number of APJEE' 2024	
Merit Serial No. of APJEE 2024	

II. Details of Qualifying examination passed (Class X)

Name of Board	Year of Passing	Subjects	Max Marks/Grade	Marks/Grade Obtained	Aggregate Percentage/ if Grade (convert it to percentage)	Percentage of Marks in EMS / if Grade (convert it to percentage)
		English				
		Hindi				
		Mathematics				
		Science				
		Social Science				
		Total				

III. Allotment details

Discipline allotted	State	Name of College with place if selected in Arunachal Pradesh

IV. Communication Details

Present Address	Permanent Address

IV. List of documents attached: 2 (Two) copies each with self attestation along with original copies.

- (i) Qualifying Exam Pass Certificate.
- (ii) Qualifying Exam Marksheet.
- (iii) School Leaving certificate.
- (iv) Class X Pass certificate for verification of age.
- (v) Character/Conduct certificate from the institution last attended.
- (vi) Medical Fitness certificate
- (vii) APST certificate (For Category – I)
- (viii) (a) Parent's employment certificate from the appointing authority for category – II (State Govt. & Central Govt. employees posted in the State of Arunachal Pradesh) issued during the year 2024.
OR
(b) Domicile certificate issued by 1st Class Magistrate for category –II (For candidates other than State Govt. & Central Govt. employees posted in the State of Arunachal Pradesh) issued during the year 2024
- (x) Migration certificate.
- (xi) Permanent residential certificate.
- (xii) Admission Card of JEE, 2024.
- (xiii) Proof of payment of Security Deposit /Seat Acceptance fee (Refundable) of Rs. 1000/- (Rupees One Thousand) only in the form of Demand Draft drawn in favour of the Member Secretary, APSCTE payable at Itanagar or through UPI to Account No. 65450100004001, IFSC Code – BARBOVJITAN (0 is numerical Zero) before issue of nomination letter or admission in the Institution.

* EMS stands for English, Mathematics & Science.

DECLARATION BY STUDENT

1. I do hereby declare that I will join the Institution immediately after receipt of the nomination papers. If I fail to join in the Institution, I shall surrender my allotted seat to the nominating authority i.e. Directorate of Higher & Technical Education within 7 (seven) days from the date of issue of nomination papers failing which I shall be liable to forfeit my claim for allotment of seat in any technical course in future from the Govt. of Arunachal Pradesh quota.
2. If I fail to complete the admission process within the stipulated period, the Security Deposit may be forfeited forthwith.
3. I swear that I have not been selected for any other technical course like IIT/REC/NERIST etc. In case of my selection in other courses at later stage I shall surrender the seat allotted by the State Govt. immediately.
4. I shall not have any right to claim for compulsory Govt. employment after completion of the course.
5. I am eligible under category () and declare that I am satisfied with the discipline allotted to me and will not change my allotted discipline during my academic sessions.
6. If I have furnished any wrong information/documents to Nominating Authority or State, then the Nominating Authority has full right to take suitable action or cancel the nomination for admission in any course for which I shall not claim any financial losses incurred thereof.
7. I declare that I shall not hold the Nominating Authority/Nomination Board responsible in case of rejection of admission in University/College due to low percentage of requisite marks or any other reason and I undertake that I shall I not seek any action in case of such rejection.

The statements given are true and correct to the best of my knowledge and belief.
I further, sign this declaration in my complete senses and without any influence.

Witness/Guardian:
(with full Name and Address) Phone no. if any.
Date :

Name & Signature of candidate

Signature of scrutiny officer/official

Counter signature by: